



ANNUAL REPORT

OF THE

ACTING SCHOOL MEDICAL OFFICER

TO

The Education Committee

OF THE

SALOP COUNTY COUNCIL

1927

WILLIAM TAYLOR, M.D., D.P.H

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Medical Staff.

School Medical Officer :
The Late DR. JAMES WHEATLEY.

Assistant School Medical Officers :

KATHLEEN PRIESTLEY, L.S.A.
MABEL BLAKE, M.B., Ch.B.
WILLIAM TAYLOR, M.D., D.P.H.
LESLIE WILSON EVANS, M.B., D.P.H.
BERNARD A. ASTLEY-WESTON, M.B., D.P.H.

School Dentists :

STEPHEN KEENAN, L.D.S.
FRANK H. BIRCH, H.D.D., L.D.S.
GERALD R. CATCHPOLE, L.D.S.

Organiser of Physical Training.

MRS. K. W. DAVEY, Diploma of the College of Physical Education.

To the Chairman and Members of Salop Education Committee.

LADIES AND GENTLEMEN,

As Acting Medical Officer to the Salop Local Education Authority I beg to present the Annual Report for 1927.

The work for the whole of this year having been carried out under the supervision and guidance of the late Dr. Wheatley, the report has been drawn up in conformity with the views and opinions known to have been held by him ; and only when necessary has original comment been made. Certain sections of the previous report, the applicability of which is as great now as at the time they were written, have, with the necessary modifications, been largely reproduced.

No new schemes have been initiated during the year, but those already in force have been further developed and extended ; and although this has resulted in a diminution in the number of School Medical Inspections, it has also promoted a greater degree of efficiency and thoroughness in the work.

I am, Ladies and Gentlemen,
Your obedient Servant,
WILLIAM TAYLOR,
Acting County Medical Officer of Health,
and School Medical Officer.

College Hill House,
Shrewsbury,
May, 1928.

**THE SALOP LOCAL EDUCATION AUTHORITY, NUMBER OF
DEPARTMENTS, AND CHILDREN ON REGISTER.**

The area covered by the Salop Education Authority comprises 858,277 acres, and had a population at the 1921 Census of 211,946. It is co-terminous with the Administrative County with the exception that the Borough of Shrewsbury is not included. The number of schools at the end of the year was 282, comprising 341 departments. The number of children on the registers necessarily varies from time to time to some extent. On December 31st, 1927, it was 29,920.

Eaton-under-Heywood School was closed on 28th April, 1927, and Calverhall on 29th June, 1927.

Harlescott School was opened on 1st September, 1927.

STAFF.

- 5 Assistant School Medical Officers.
- 3 School Dentists.
- 1 Organiser of Physical Training.
- 2 Wholetime School Nurses.
- 10 Health Visitors undertaking school nursing.
- 89 District Nurses undertaking school nursing.
- 3 Dental Helpers.

CO-ORDINATION.

The School Medical Officer being also the County Medical Officer, complete co-ordination of the School Medical Services with the other services of the County, viz., Child Welfare, Tuberculosis, and Venereal Disease, and with the work of District Medical Officers of Health is readily brought about.

- (1) *Infant and Child Welfare.*—The same Medical Officers act for both services ; the same nurses are health visitors and school nurses ; and the School Clinics and Child Welfare Centres are held on the same day, in the same building and under the same Medical Officer. The Child Welfare cards are sent to the schools for the information of the Medical Officers at the first medical inspection.
- (2) The Orthopaedic After-Care Centres are held on the same day and in the same building as the School Clinics and Child Welfare Centres, and the Assistant Medical Officers, Health Visitors and School Nurses are in close touch with the work.
- (3) Co-ordination with the Tuberculosis Scheme is close ; see page 9.
- (4) Medical inspection is closely associated with school attendance through the School Attendance Officers, who attend the medical inspections as required, and have been specially instructed. The School Attendance Officers also undertake the prosecutions in connection with the Verminous Heads Scheme.

The co-ordination of the care of debilitated children under school age with the activities of the school medical service is obtained under Section 1, 2 and 3.

HYGIENIC CONDITION OF SCHOOLS.

The effect on school children of the hygienic condition of schools is twofold—a direct effect upon the health of the child and an effect upon the mind, producing impressions and habits which may endure throughout life. It is difficult to say which of the two is the more important, as habits and impressions, which are partly due to the character of the school environment and partly due to the teaching and training, have a profound influence on health.

Cleanliness of the school premises acts in both ways, and is extremely important. Taking the schools as a whole the standard of cleanliness is undoubtedly low, and the establishment of a higher standard is worthy of most careful consideration by the Education Authority.

The healthiness or otherwise of a school depends upon the facilities provided and the way they are used. Perhaps the gravest examples of misuse are in connection with ventilation of the rooms and spacing of the children. In order to maintain the healthiest conditions possible in any schoolroom much attention should be given to obtaining circulation of air throughout the room, and at the same time the children should be separated so far as floor space and desk accommodation allow. By these precautions the general tone of the children is improved, minds become more alert and educable, and the opportunities for the spread of infection are much lessened. Merely looked upon from an educational standpoint it is well worth the teacher's while to give some thought to this subject.

Enough attention has not, in the past, been given to proper utilization of the floor space available, and now that we know that the control of infectious disease in schools depends more upon spacing and ventilation than upon any specially designed measures, it behoves those responsible for spacing to see how far this can be improved.

It is, no doubt, important that the teacher should be in a position of advantage to address and supervise the children, but in some schools it is a fact that the amount of space occupied by the teacher is equal to the space given up to the desks. This is obviously very uneconomical, and it is in those rooms where the greatest length of the room is across the line of vision of the teacher that the space is utilised so badly. It would be a great move forward if the Board of Education were to specify the minimum distance in both directions that must be allowed between the children.

It must be recognised that it is impossible to ventilate a school properly in winter if the rooms are not warmed sufficiently and if the children are underclothed and underfed. The teacher should make it a part of his business to see that the caretaker does all in her power to get the school reasonably warm before school hours. He should also advise any child who is cold in school to put on his overcoat. Some of the recorded temperatures were so low that the health of the children must have suffered, particularly those who at the same time were underfed or underclothed.

The unsuitability of the cloakrooms, and the almost complete absence of any means of drying clothes which prevails, especially in the country schools, is a common cause of low health, and it should be made a rule that, in schools heated by hot water pipes, they should always be conveyed into the cloakrooms.

Apart from the internal condition of the school, a good water supply and good playgrounds and playing fields are the most important matters. Research and experience are both pointing to the fact that free drinking of water is essential for health, and that much disease is caused from the breaking of this health law. In many parts of this County the habit of drinking water is not as general as it should be, owing to a great extent to the defective and objectionable character of the water supplies. At school a plentiful supply of wholesome water should always be available, and the children should be taught to drink water freely, instead of the decoctions of tea, etc., that they frequently bring with them. Where there is not a wholesome supply of water it should be a duty of the school authority to see that a sufficient quantity is carried each day to the school and stored in a covered vessel placed conveniently for access, and provided with a tap for drawing off. The supply should be ample for drinking and washing the utensils, and should, for drinking purposes only, not be less than one pint for each child.

Earthenware water containers, with draw-off tap, are now being distributed to the schools.

The provision of proper playgrounds and playing fields is a fundamental requirement that has been much neglected in the past.

There are persons who have the interests of scholars so much at heart that they allow scholars to play games in fields and grounds belonging to them. It is very desirable that something more should be done to meet the requirements of the school children in this respect.

EDUCATIONAL WORK OF MEDICAL OFFICERS AND OTHERS.

The addresses given by the Assistant School Medical Officers during the year to the children were :—

By Dr. M. Blake :

Mouth Breathing	1	Exercise and Clothing ..	31
Prevention of spread of		Prevention of Dental	
Infection, Common Colds	9	Decay	6
Food	11	Ventilation, Fresh Air ..	18
Cleanliness	4	Sleep	2
Water Drinking	4	Sun	8
Flat Foot	1		
Eating between meals	1		
Breathing Exercises and			
Mastication of Food ..	3		
			99
			<hr/>

By Dr. W. Taylor :

Fresh Air as a Disinfectant	1	Diet and drinking of	
Nutrition and Resistance		Fluids	2
to Disease	1	Injurious effects of	
Milk as an article of Diet ..	3	dental caries	3
Harmful effects of Mouth		How Infectious Diseases	
Breathing	1	spread	5
What constitutes a		How food should be	
healthy diet	3	eaten	9
			<hr/>
			28
			<hr/>

By Dr. L. W. Evans :

Care of the Teeth	5	The Skin and its func-	
Colds and other Infectious		tions	1
Diseases	10	“ Healthland ”	1
Sunlight	3	Friends and enemies of	
		Health	1
			<hr/>
			21
			<hr/>

By Dr. B. A. Weston :

Mouth Breathing	1	Posture	3
Teaching of Hygiene in the		Physical Exercises ..	1
Schools	2	How to avoid Influenza	1
Teeth	5	Cleanliness of Head ..	1
Clean Hands	3		
The Mid-day Meal	2		
Sunlight	1		
			<hr/>
			20
			<hr/>

By Dr. K. Priestley :

Personal Cleanliness ..	4	Prevention of Dental	
Defective Clothing ..	6	Caries	4
			<hr/>
			14
			<hr/>

Parents.—A good deal can be done in talks to the parents. It is true that time for this work is limited and the advice that can with advantage be given is mostly such as is particularly applicable to the child under consideration. In most defective conditions, such as defects of eyes, nose and throat, teeth, general malnutrition, rheumatism and anaemia, the general advice that is necessary goes, however, far beyond the remedy of the particular defect.

School Children.—Whenever time and other conditions permit, an opportunity is taken for speaking to the older children on some health matter of importance.

School Nurses.—As regards the school nurse, while it frequently happens that she can only listen to and absorb what is said to the parents, teachers or scholars, the Medical Inspector often finds time to talk to her on some important matter of school or general hygiene. It must always be remembered that most of the nurses have not had a real grounding in hygiene based on physiology, and that this defect should be remedied by the School Medical Officer as far as lies in his power. The nurses in their turn have great opportunities in the homes of the people.

School Attendance Officers.—The training of these officers is a different matter and is directed to different ends. They can be of considerable help in preventing verminous conditions and in seeing that routine instructions for minor ailments, particularly skin conditions, are not neglected.

In order to fit them better for their work they attended a conference in Shrewsbury and were taken over most of the important matters by the School Medical Officer. Further conferences are desirable.

TEACHERS.—Although the Medical Officer, the Dentist, the Physical Organiser and the School Nurse have important places in the health education of the school child, it is the teacher and the teacher alone who has the opportunity and the training for presenting the subject to the child in the most suitable way.

One becomes more and more impressed with the fact that comparatively little progress can be made in improving the hygiene of school life unless the teacher is thoroughly interested in the physical condition of the children and reasonably well informed concerning the important principles governing the health of the child. Many teachers have had no training in hygiene, but even those who have had such training need the constant advice and help of the School Medical Officers. The Medical Officer should, whenever time permits, talk to the teachers on some important branch of hygiene with the object of enabling them to maintain better school conditions, and to teach and train the children in healthy living.

It is first, however, necessary for the teacher to recognise that a healthy and alert body is as important as a well trained mind and equally dependent on him. This may appear to many to be a platitude, but it is not generally recognised. In fact it is not uncommon still to hear that the visits of the Medical Officer, the Dentist, the Physical Organiser and the School Nurse interfere greatly with 'education', yet this time devoted to the health of the body (apart from the short daily physical exercises) cannot occupy more than half to one per cent. of the total school hours. There are, however, an increasing number of teachers who do recognise the importance of a healthy body and the great influence a teacher can have. It is our business to point out clearly and in proper perspective what should be taught. It is the teacher's business to present this to the child's mind in the best possible way, so that it will influence his every-day life. The most important and the most difficult matter is to find 'incentives,' and for this purpose a spirit of emulation or competition must be stimulated. It is for each teacher to think out for himself the methods that are most suitable for himself and his school. A system of monitors and in the larger schools, the 'house' or 'group' system have advantages in creating responsibility and competition. Competition with neighbouring schools should be fostered in every way.

Suitable books giving a general idea of what should be taught are being supplied to all head teachers, and from time to time pamphlets will be issued dealing with special subjects.

The teaching should be from the point of view of improvement of health and physique, disease being rarely mentioned, and should deal principally with those great forces of nature the proper utilisation of which determine health—viz., food, fresh air, sunlight and exercise. The

avoidance of infection in school and at home should be shown to be due to these factors together with cleanliness, spacing and ventilation (fresh air). Unless, however, the practice of hygiene is made part of the every-day life of the child, little good will be accomplished. For example—

Exercise.—If the results of the efforts of the Physical Organiser and Teachers is simply that the child goes through its exercises correctly, little good will have been accomplished. If, on the other hand, in consequence of the teaching and training, it walks to and from school properly, plays with greater vigour, stands correctly and sits in a good position, enormous good will have been accomplished. These are results that the Teacher alone can bring about.

Clothing.—The object of clothing is to conserve the heat of the body in cold weather and when at rest, without interfering unduly with the loss of heat during exercise and in hot weather. It is extremely important that there should be a free play of air and sun on as much of the skin as possible. The success of health teaching concerning clothing can to a great extent be measured by the number of children who except in cold weather wear low neck shirts, bare knees and no caps, rather than by a theoretical knowledge of the action of air on the skin and the qualities of wool and cotton. The great advantage to health of not wearing a cap is now recognised, and this should be advised throughout our schools. A scarf round the neck in wet weather meets any objection, and the danger which undoubtedly exists of *lying* or *sitting* (not walking or playing) in the sun in very hot weather can be got over by protecting the head with a handkerchief. The advantages from the point of view of the spread of vermin and ringworm are also great.

Proper Spacing and Ventilation.—This can not only be taught theoretically but should be illustrated by the proper utilisation of the available floor space and means of ventilation (both of which are unfortunately often insufficient) for the prevention of the spread of disease.

Personal Cleanliness—can be taught and greatly improved by routine inspection. It should include the teaching of the danger of putting anything except food into the mouth, e.g., fingers, pencils, pens, etc. The advocacy of short hair for girls should be part of the cleanliness teaching.

Food.—A great opportunity for teaching is afforded by the mid-day meal. Any teacher really interested in dietetics could get some very instructive facts from a critical examination of the food brought to school. The advocacy of milk with the mid-day meal, and the provision of facilities for getting it is the one outstanding practical suggestion. The enormous advantage of producing as much fresh food at home as possible should be pointed out, and the great improvement in health that can be brought about by the keeping of goats, the growing of fruit and green vegetables, especially in those households where there is a shortage of food and more particularly a shortage of these kinds of foods.

Prevention of Dental Decay, and Dental Treatment.—Many opportunities are afforded the teacher to inculcate good habits of eating and drinking, so important in the prevention of decay of teeth. The influence of a teacher in health matters can be measured to a great extent by his success in persuading the children to have dental treatment. The persuasion takes the form of health education and consequently two objects are achieved at the same time.

Sunshine—Moving Air.—The wonderful effects of sunshine and how these are destroyed by passing through glass; the effect of moving air upon the skin and mucous membranes and through these structures on the general feeling of well being—all these are explained and then illustrated by classes in the open air or less perfectly by open windows and doors.

Home-life.—The application of all these principles to life out of school and to home life should be explained, as if the teaching is given in the form of an ordinary school lesson of an 'educational' type, it is apt to be looked upon as something having no bearing upon life. The teaching of health should be primarily the practice of health rules with a simple explanation of the reason. The advisability of attempting to teach simple physiology to the older children is another but very important matter.

ARRANGEMENTS MADE FOR MEDICAL INSPECTION.

For the purpose of inspection, the County is divided into five areas—one for each Assistant School and Child Welfare Medical Officer.

Routine examinations are made at the ages of 5, 8 and 12, and all entrants under five years of age are brought forward for superficial examination, that obvious defects may not go untreated till they reach the age of five. In addition, any children about whose health the teacher or nurse have reason to be concerned, are also examined. (Children who have had a recent attack of an acute infectious disease, and children who for some reason have fallen behind in their school work are examples of these).

The reason for the systematic examination at 5, is to provide uniform and comparable results. The possibility of overlooking something at an earlier age, is got over by the superficial examination on entry.

The children found defective on previous occasions are re-examined at each inspection until declared well.

184	schools were visited once only during the year.
108	„ „ „ twice „ „
49	„ „ „ three times „ „

This represents a total of 547 school medical inspections, as opposed to 618 during 1926. The apparently unfavourable figures for 1927 are due to the extra work of various kinds which has been undertaken and also to the fact that children for whom treatment has been advised are more carefully followed up and reported upon. The work has been more efficient if less spectacular in its results.

SCHOOL NURSES.—Eighty-nine part-time nurses have been employed in connection with 206 school departments; 84 of these nurses are working for Associations connected with the Shropshire Nursing Federation; one nurse is employed by the Knighton Association, Radnorshire; one nurse is employed by an unaffiliated Association, and 2 are working on their own account.

Number of children attended by—

District Nurses acting as School Nurses	..	..	16,618
Whole-time School Nurses	..	..	5,324
Health Visitors	..	..	6,335
Nurses working on their own account	..	..	2,002

PEDICULOSIS.—The instructions given to the school nurses are to examine the heads of the children each term, that is three times a year, and to follow up the verminous children so as to get them clean before the end of the term. The inspection in the following term is to be begun *de novo*. So far as the returns show, there appear to have been 1128 primary inspections and 1,721 following-up inspections. At the primary inspections 85,837 children were examined and 4,911 were found verminous, or a percentage of 5.7.

These figures compare with 86,046 children examined in 1926, of whom 5,524 or 6.4 per cent., were verminous, and a percentage of 7.5 in 1925, 8.0 in 1924, 9.0 in 1923, 9.9 in 1922, 12.3 in 1921, and of 14 in 1920. There has therefore been a continuous improvement in the condition of the heads of the children since 1920.

The following figures show the results of the examination of heads at the first and following-up inspections. It must be remembered that on the second and subsequent inspections only those found verminous or absent at the first inspection are examined:—

First Inspection.—Number examined 85,837. Verminous 4,911.

Subsequent Inspections:—

	2nd inspection.	3rd inspection.	4th inspection.	5th inspection.
Verminous	.. .. 2601	842	246	42
Absent	.. .. 1013	455	127	26

The total number of children found verminous during the year at one time or another was estimated at 3,993 or 13.2 per cent. This is about double the number verminous at any one time.

The following paragraphs taken from last year's report indicate the policy now adopted :—

The time has now arrived when verminous conditions can no longer be tolerated, and when the procedure of separation in school, exclusion and finally prosecution should be strictly carried out in accordance with instructions. Proceedings in connection with the radically verminous children who are the source of the trouble should be *commenced at the beginning of the term* instead of waiting until the third inspection. These children should now be well known.

It is the policy to give every assistance and advice before prosecuting, and summonses are only issued as a last resort. There can be no doubt, however, that prosecutions are an essential part of any scheme for getting the children's heads clean, as, without them, the really careless and dirty people will continue to be dirty and verminous and be a constant danger to the clean part of the school. There can be no doubt that the policy of proceeding to exclusion and prosecution in the persistently verminous cases at the beginning of the term is the sound one.

Legal proceedings were taken in 31 cases—At Oswestry, Wellington, Newport, Market Drayton, Ludlow and Bishop's Castle. Fines, ranging from 2/6 to 10/- were imposed in 30 cases, and one case was dismissed.

This compares with 10 cases last year.

The truth of the following remarks from last year's report has been confirmed by further experience.

The prevention of verminous conditions depends upon :—

- (1) The influence and teaching of the teachers and their cordial and active co-operation with the school nurses.
- (2) The efficiency of the routine measures taken in the school by the school nurses.
- (3) The steps taken by the nurses and attendance officers, etc., outside the school to get the children clean and to punish neglectful parents.

These three lines of action are placed here in their order of importance.

DEFECTS OF NOSE AND THROAT.—There were 1,175 children with defects of the throat and nose requiring treatment amongst those examined, and 1,067 children suffering from less pronounced conditions which required to be kept under observation. Of those requiring treatment 684 were suffering from enlarged tonsils, 121 from adenoids and 348 from both conditions.

Of the 9,792 children of the Code groups examined, 952 or 9.7 per cent. required medical treatment.

The probable causation of adenoids and enlarged tonsils has been discussed in previous reports. The preventive measures suggested are :—

- (1) Free exercise of the jaws in mastication during the formative period. This gives a greater widening of the jaws and consequently better spaced air passages and a more vigorous circulation of blood and lymph to the parts.
- (2) The lessening of infection by freer ventilation of the schoolrooms, separation of the children and greater cleanliness.
- (3) Special personal measures directed to keeping the nose free from discharge and the mouth closed during breathing.
- (4) Attention to diet, fresh air, and sunshine, so as to get a free play of air about the skin, exposure of the skin to the sun, and a food supply containing the necessary vitamins and mineral salts.

While it cannot be said that the theories of causation underlying these suggestions are absolutely proved, there is sufficient ground for advocating these measures.

TUBERCULOSIS.—Cases of phthisis amongst school children during the year were discovered in one of two ways ; either by the examination of children referred to the Medical Inspector by the teachers and nurses, or by the examination of children belonging to phthisis houses, all of whom are systematically examined by the Medical Inspectors.

By these means all children known to have come into close contact with a case of pulmonary tuberculosis or showing any signs of failing health without obvious cause, and all school children with any suspicious signs of tuberculosis are brought before the Tuberculosis Officers.

Examination of Children from Phthisis Houses by the Medical Inspectors.

No. of children belonging to phthisis houses.	Not examined.	No physical signs.	Phthisis. Suspected.	Diagnosed.
552	86	451	15	0
			15	

The 15 suspected cases, together with 88 others picked out by the medical inspectors, teachers, nurses, etc., were referred to the Tuberculosis Officers during 1927.

Total number of School Children examined by the Tuberculosis Officers.

	No. of Children.	No physical Signs.	Phthisis.			Other forms of Tuberculosis.
			Diagnosed.	Suspected.	Diagnosed.	
New cases	247	184	6	26	26	5
Cases from previous years	62	19	19	9	15	0

RINGWORM.—Of the children examined by the Medical Inspectors 26 were found to be suffering from ringworm of the scalp.

In addition, 202 cases have been notified by the teachers, although these were not usually based on medical opinion.

Hairs were submitted to Birmingham University, with 70 positive results and 32 negative results.

When authorised by the School Medical Officer, children suffering from ringworm are now admitted to school, if the parent undertakes to carry out certain stringent precautions. It is also an essential condition of admission that the teacher shall undertake to see that the precautions are carried out.

There was one case of prosecution because of failure to obtain proper treatment, and a fine of 5/- was imposed.

In the Bridgnorth School Clinic cases of ringworm of the scalp were treated with carbon-dioxide snow. Not only was the period of treatment previously found to be necessary in order to effect a cure greatly shortened, and the child thereby enabled to return to school at an earlier date, but cures were effected in certain cases where formerly X-ray treatment would have seemed to be the only effective remedy. This method of treatment, however, entails a willingness on the part of the nurse to take a great deal of trouble and demands a considerable amount of time.

Eye Defects.—These include defective vision, squint and external eye defects.

There were 673 children with defective eyesight and squint requiring treatment, and 149 with lesser degrees of defect that needed to be kept under observation. Of the children requiring treatment, 557 were belonging to the code groups, and 116 were special cases. The children aged 5 are not systematically examined for defective eyesight, so that the code group cases are mostly aged 8 and 12. The percentages amongst these children needing medical treatment was 8.1. The pre-war percentages at the age of 12 were :—

Year	1908	1909	1910	1911	1912	1913	1914
Percentages of defects ..	15.5	14.7	13.3	11.8	14.5	18.2	19.4

Post-war percentages :—

Year	1919	1920	1921	1922	1923	1924	1925	1926	1927
Percentages of defects ..	10.0	10.2	8.5	7.6	7.5	8.2	7.9	7.3	7.9

Leaflets for the use of teachers, parents and health visitors dealing with squint, myopia and aural defects were printed in the report for 1922. Teachers were supplied with copies of the leaflet which emphasises the kind of teaching which should be given in school; and the health visitors and school nurses are supplied with copies of the leaflets which were drawn up specially for the use of parents.

Ear Disease and Hearing.—Sixty-six routine cases and 26 special cases were referred for treatment either on account of deafness or otorrhoea, or both. These figures are a considerable reduction on those of the previous year.

Experience has shown that a large number of cases of deafness and otorrhoea are due to an attack of an acute infectious disease, such as measles or scarlet fever, or to other throat affections, especially tonsils and adenoids. Indeed, one of the commonest causes of unhealthy tonsils is an attack of an acute infectious disease.

Dental Caries.

The following tables show percentages of dental caries at the various age periods amongst the children examined :—

RESULT OF ROUTINE INSPECTION BY THE MEDICAL INSPECTORS.

DISTRICT.	AGE 5.						AGE 8.						AGE 12.					
	Decayed Teeth.		Children free from Caries.		No. of Children.	Number.	Average per child.	Decayed Teeth.		Children free from Caries.		No. of Children.	Number.	Average per child.	Decayed Teeth.		Children free from Caries.	
	No. of Children.	Number.	Number.	Percentage				No. of Children.	Number.	Average per child.	Number.				No. of Children.	Number.	Average per child.	Number.	Percentage
Dr. Blake	529	1771	3.3	181	34	604	2691	4.5	73	12	629	1252	2.0	169	27			
Dr. Evans	485	1056	2.2	219	45	535	1266	2.4	157	29	529	649	1.2	251	47			
Dr. Priestley	718	2258	3.1	207	29	617	1917	3.1	123	20	704	969	1.4	284	40			
Dr. Taylor	454	1113	2.5	185	41	559	1971	3.5	95	17	580	1091	1.9	200	34			
Dr. Weston	399	873	2.2	160	40	491	1287	3.2	82	20	401	587	1.5	180	45			
	2585	7071	2.7	952	37	2716	9132	3.4	530	20	2843	4548	1.6	1084	38			

These percentages of decayed teeth correspond fairly closely with the percentages found by the dentists.

Results of Inspection :—(i) *By the Dentists—*

Age ..	Under 5	5	6	7	8	9	10	11	12	13	14
Average number of teeth decayed	1.3	2.1	2.5	2.7	2.8	2.5	2.2	1.9	1.7	1.7	2.2
Percentage of children free from caries	54	38	29	19	14	14	17	21	25	27	18

Average number of decayed teeth per child found by the Medical Inspectors in the years

1919—1927 :—

Year		Age 5.	Age 8.	Age 12.
1919	..	2.1	3.6	2.1
1920	..	2.16	3.8	2.1
1921	..	2.5	3.5	1.9
1922	..	3.0	3.6	1.7
1923	..	3.4	3.6	1.7
1924	..	3.0	3.3	1.6
1925	..	3.1	3.4	1.6
1926	..	3.0	3.3	1.5
1927	..	2.7	3.4	1.6

Secondary School Children.

Age ..	..	..	5	6	7	8	9	10	11	12	13	14
Average number of teeth decayed ..	..	..	3.7	3.8	5.2	4.5	3.6	2.7	2.0	1.7	1.6	1.8

The amount of caries in secondary school children was greater than that amongst elementary school children. This slight difference may be, to some extent, due to the systematic treatment of the teeth of the elementary school children.

Crippling Defects.—The numbers of these defects found at the routine medical inspections were :—rickets 388, spinal curvature 161, other forms 549. A very small proportion of these were referred for treatment other than special attention in school and school exercises. Probably the most common of school deformities are knock knees, flat feet and spinal curvatures, and there is a very close relationship between these conditions, often all found in the same child, and the presence of unhealthy tonsils and adenoids.

The cases of school children admitted to the Shropshire Orthopaedic Hospital have been analysed in accordance with causation, and show that :—

26	or 23.6 per cent.	were due to	tuberculosis.
22	„ 20.0	„	poliomyelitis.
4	„ 3.6	„	rickets.
5	„ 4.5	„	congenital deformities.
18	„ 16.4	„	other deformities—postural or of doubtful causation.
7	„ 6.4	„	injuries and diseases probably arising at birth, including spastic paraplegia and diplegia.
6	„ 5.5	„	infections other than tuberculosis.*
22	„ 20.0	„	other accidents and diseases.

* Includes Rheumatoid Arthritis, Osteo-Arthritis and Osteo-Chondritis.

This classification of cases in accordance with causation is extremely instructive, as most of the conditions here mentioned are comparatively easily cured if got under treatment at the very beginning of the disease. This particularly applies to poliomyelitis, rickets, congenital deformities, and to a considerable extent it applies to cases of tuberculosis. The paralytic conditions arising from childbirth are possibly also largely preventable, and systematic inquiry into these cases would well repay the trouble.

Many of the tuberculous cases come under notice after considerable damage has been done, the cause of the trouble not having been recognised in the early stages.

Goitre.

DISTRICT.		BOYS.			GIRLS.			Total
		Entrants.	Intermediates.	Leavers.	Entrants.	Intermediates.	Leavers.	
Dr. Priestley— Oakengates, Dawley, Madeley, Newport and Drayton.	No. of Children .. 466 Cases of Goitre .. 0	303	371	494	376	381	2391	I
Dr. Blake— South of the County	No. of Children .. 464 Cases of Goitre .. 0	371	335	442	346	347	2305	7
Dr. Evans— Oswestry and Ellesmere	No. of Children .. 339 Cases of Goitre .. 0	272	255	322	267	271	1726	3
Dr. Weston— Wellington, Ironbridge, Broseley.	No. of Children .. 262 Cases of Goitre .. 0	217	221	269	211	206	1386	8
Dr. Taylor— Atcham, Whitchurch, Bridgnorth, Wem.	No. of Children .. 394 Cases of Goitre .. 0	301	304	381	307	297	1984	38
Totals ..	No. of Children .. 1925 Cases of Goitre .. 0	1464	1486	1908	1507	1502	9792	57

The amount of goitre in school children as shown by this table is not large. Judging by the amount of goitre one sees in adults, particularly in young adult women, by far the larger proportion of obvious goitres must develop after school age.

Probably the principal basal factor in the production of extreme goitre is the insufficiency of iodine to meet the demands of the body.

The following suggested subsidiary causes may be cited :—

- (1) Those interfering with the absorption or utilisation of the iodine taken into the body :
 - (a) infections—probably contamination of water and food with bacillus coli.
 - (b) excess of fat in food.
 - (c) excess of calcium—hard waters.
- (2) Increased demands for thyroid secretion :
 - (a) during pregnancy and lactation.
 - (b) during adolescence.
 - (c) amongst girls compared with boys.

These additional causes of goitre give a rational explanation of the fact that even in a district very deficient in iodine, only a certain proportion of the population suffers from goitre.

Nutrition.—Average Heights and Weights, etc. :—

Age	Total No. of children measured and weighed at the various ages.	HEIGHTS			WEIGHTS.			Measurements made by British Association for Advancement of Science in 1883.	
		Town Schools.	Country Schools.	Town and Country	Town Schools.	Country Schools.	Town and Country.	Hts.	Wts.
		Inches.	Inches.	Inches.	Lbs.	Lbs.	Lbs.	Inches.	Lbs.
BOYS.									
5	1322	41.6	41.9	41.8	40.5	40.8	40.7	41.0	39.9
6	533	43.3	43.8	43.6	42.8	44.2	43.8	44.0	44.4
8	1390	48.0	48.0	48.1	53.4	54.3	54.0	47.1	54.9
9	86	49.7	49.2	49.4	58.7	56.0	56.1	49.7	60.4
12	1394	54.8	55.2	55.1	73.2	75.4	74.9	55.0	76.7
13	91	57.1	57.0	57.0	80.0	80.9	80.3	56.9	82.6
GIRLS.									
5	1328	41.1	41.5	41.4	38.8	39.5	39.3	40.6	39.2
6	548	43.3	43.5	43.4	42.4	42.7	42.7	42.9	41.7
8	1530	47.8	47.4	47.5	51.3	51.8	51.7	46.6	52.1
9	84	48.3	49.2	48.9	55.3	56.4	56.0	48.7	55.5
12	1460	55.4	55.6	55.6	75.3	76.1	75.9	55.7	76.4
13	47	56.2	58.2	57.6	81.6	84.9	83.8	57.8	87.2

SECONDARY SCHOOLS.

Ages.	No. of Children.	BOYS.		No. of Children.	GIRLS.	
		Heights.	Weights.		Heights.	Weights.
		Inches.	Lbs.		Inches.	Lbs.
10	36	53.7	66.9	33	53.9	70.6
11	83	55.4	73.3	69	53.9	77.0
12	166	56.0	79.1	138	57.7	81.5
13	43	58.9	87.8	44	59.6	93.7
14	27	60.6	98.3	44	62.2	108.8
15	129	63.8	109.7	155	62.3	108.7
16	24	65.9	118.4	25	62.9	115.3
17	5	66.8	123.0	21	63.6	116.0

It will be noticed that heights and weights for both sexes are on the whole slightly greater in the country schools than in the town schools, and that as between the secondary schools and elementary schools, there is very considerable difference at corresponding ages in favour of the former, especially in the matter of weights.

The figures in the town and country schools for the years for which they are available are as follows:—

AVERAGE WEIGHTS IN AGE GROUPS 5, 8 AND 12, IN YEARS 1909, 1910, 1911, 1912,
1913, 1923, 1924, 1925, 1926 and 1927.

BOYS.

		AGE 5.		AGE 8.		AGE 12.	
		Country Schools.	Town Schools.	Country Schools.	Town Schools.	Country Schools.	Town Schools.
		Year	lbs.	lbs.	lbs.	lbs.	lbs.
Pre-war	1909	..	39.5	39.2	..	72.3	70.9
	1910	..	39.2	38.9	..	72.0	71.4
	1911	..	39.4	38.5	..	73.4	71.7
	1912	..	39.3	39.0	..	72.8	71.0
	1913	..	39.8	39.1	..	73.2	71.4
	1923	..	40.2	39.7	53.3	51.5	74.0
Post-war	1924	..	40.3	39.5	53.2	52.1	73.7
	1925	..	39.8	39.9	53.4	52.4	75.4
	1926	..	40.9	40.2	53.4	53.9	75.0
	1927	..	40.8	40.5	54.3	53.4	75.4
	Average for Pre-war years		39.4	38.9	..	..	72.7
,, Post-war years			40.4	40.0	53.5	52.7	74.7

GIRLS.

	Year	AGE 5.		AGE 8.		AGE 12.	
		Country Schools.	Town Schools.	Country Schools.	Town Schools.	Country Schools.	Town Schools.
Pre-war	1909	lbs.	lbs.	lbs.	lbs.	lbs.	lbs.
	1910	38.25	37.3	..	..	74.2	71.1
	1911	38.2	37.9	..	..	73.3	71.1
	1912	38.4	37.8	..	..	73.9	70.6
	1913	38.5	38.0	..	..	73.9	71.1
Post-war	1923	38.8	37.6	51.2	50.4	75.6	72.5
	1924	39.2	38.6	51.7	50.1	74.7	74.7
	1925	39.3	38.2	51.2	50.5	75.7	73.1
	1926	39.1	38.4	50.7	50.5	75.6	73.2
	1927	39.5	38.8	51.8	51.3	76.1	75.3
Average for Pre-war years		38.3	37.8	..	..	73.8	71.2
,, Post-war years		39.2	38.3	51.3	50.6	75.5	73.8

It is satisfactory to find that the post-war weights are a little better than the pre-war for each age and sex.

DULL AND BACKWARD CHILDREN.—Three hundred and sixty-five children were brought forward by the teachers as mentally dull, and were carefully examined by the Medical Inspectors. When the degree of retardation amounted to two years or more in any particular case a special "Dull and Backward" card was made out. Children having these cards are the subject of special inquiry and examination at each visit of the medical inspector to the school.

An analysis of the results of inspection of the 358 dull and backward children shows the following causes :—

Insufficiency of Education	..	..	..	..	37
Physical defects—					
Adenoids and tonsils ..	..	..	..	..	10
Vision ..	..	..	..	..	2
Other defects ..	..	..	..	..	6
				—	18
Heredity .. .. ..	..	..	..	..	15
Bad home conditions ..	..	..	..	..	14
Mental dullness (no apparent cause)	..	..	..	..	250
Suspected mental deficiency ..	..	..	..	..	11
No diagnosis of cause .. .. ..	..	..	..	..	13
				—	358

Perhaps the matter of most practical importance shown by these figures is the number (37) who were dull and backward apparently from insufficiency of education. The backwardness was attributed principally to late commencement of school life and to some extent to irregular attendance afterwards.

Special attention is being paid to those in whom the dull and backward condition was attributed to physical defects, with the object of getting these defects remedied.

The degree of retardation was estimated as follows :—1 year, 6 ; $1\frac{1}{2}$ years, 6 ; 2 years, 178 ; $2\frac{1}{2}$ years 45 ; 3 years, 81 ; $3\frac{1}{2}$ years 19 ; 4 years, 13 ; 5 years, 4 ; 6 years, 1. In five cases the degree was not stated.

Those retarded over three years come up automatically for special examination for mental deficiency, unless the retardation is clearly attributable to some other known cause.

Four hundred and seventy-eight of the children diagnosed as dull and backward in 1921, 1922, 1923, 1924, 1925 and 1926, were re-examined this year. Twenty-five were diagnosed as mentally deficient ; of the others, 16 were doubtful cases of mental deficiency, 296 were found to have improved, 128 not improved, and in 13 cases no opinion was given.

INFECTIOUS DISEASE.

Action taken to detect and prevent Infectious Diseases, including reference to action under Articles 20, 22 and 23 (b) of the 1926 edition of the Code.

A description of the scheme of notification of infectious disease from schools and of the measures taken to prevent the spread of infectious disease was given on pages 44, 45 and 46 of the report for 1914. This scheme is still in force.

All notifications of cases of infectious skin conditions are sent to the school nurses, who give instruction and help to the parents in carrying out the routine treatment prescribed. Reports are required from the nurses each month in cases of ringworm and every fortnight in cases of scabies and impetigo. The cases are also notified to the Attendance Officers, who report cases in which the treatment is not being carried out or where absence from school appears to be unduly prolonged.

All cases of sore throat where there is diphtheria in a school are sent to the School Nurse for swabbing, unless a special investigation is made by the Assistant School Medical Officer ; and in addition a letter is sent to the parent advising a doctor and pointing out the danger. Wherever a school is closed on account of diphtheria special leaflets relating to diphtheria are sent to the Head Teacher for distribution to each household.

Attention has previously been called to the practice of collecting the pens and pencils and distributing them afresh every time they have to be used. This certainly appears to be a very efficient method of spreading diphtheria and probably also other diseases.

Each child should have his own pen or pencil, and in addition to this the teachers should take every means possible to break the common habit of putting pencils, fingers, etc., into the mouth.

No attempt has been made to utilise the Schick or Dick tests to find out the children who are susceptible to diphtheria or scarlet fever and to immunise them. Under present conditions in elementary schools anything like a general application of the test would probably be impossible. Under certain conditions, however, the protection afforded by the tests and immunisation should be offered to the parents.

Whenever there is a serious outbreak of scarlet fever in a school, leaflets pointing out the symptoms, the dangers from, and the precautions that should be taken against scarlet fever are sent to the Head Teacher for distribution to every household, and also letters for those homes where there are children suffering from sore throat, vomiting and headache, rash or discharge from ears, advising isolation and that a doctor should be called in without delay.

During serious outbreaks of influenza, leaflets on the lines of that issued by the Ministry of Health are immediately forwarded to the school for distribution.

There can be no doubt that these various measures have a distinctly good educational effect.

Under Article 20 (b), 749 certificates of exclusion from school for infectious disease and other conditions have been sent in by the Assistant School Medical Officers and Tuberculosis Officers and confirmed :—

73	on account of	impetigo.
50	"	ringworm of scalp.
21	"	ringworm of body.
27	"	scabies.
8	"	tuberculous glands.
43	"	suspected phthisis.
11	"	diagnosed phthisis.
10	"	otorrhoea.
23	"	bronchitis.
21	"	anaemia.
44	"	debility.
7	"	verminous conditions.
18	"	mumps.
47	"	influenza.
10	"	chorea.
13	"	rheumatism.
17	"	tonsilitis.
15	"	bronchial catarrh.
14	"	coughs and colds.
42	"	sore throat.
15	"	whooping cough.
7	"	scarlet fever.
11	"	chicken pox.
32	"	diphtheria contacts.
170	"	various conditions.

In addition, the following notifications have been sent in by the teachers for the information of and scrutiny by the School Medical Officer :—Measles, 2,017 ; whooping cough, 379 ; mumps, 451 ; chicken-pox, 721 ; coughs and colds, 1,225 ; influenza, 6,517 ; scarlet fever, 423 ; diphtheria, 76 ; sore throat, 212 ; impetigo, 402 ; ringworm, 202 ; scabies, 18 ; bronchitis, 46 ; other diseases, 138.

Closures of Schools :—(a) by Education Authority—Two hundred and eighty schools were closed for the following reasons :—14 for measles, 10 for scarlet fever, 1 for diphtheria, 253 for influenza and 2 for coughs and colds.

(b) by Sanitary Authority—One for measles.

As occasion required, investigations into the outbreaks of scarlet fever and diphtheria were made at various schools, and, as a result of these investigations the necessary action was taken to prevent the further spread of infection. The schools were also repeatedly visited by nurses and Medical Officers in order to take swabs from the throats of possible carriers, or from sufferers from diphtheria.

Attempts have been made to prevent outbreaks of measles by closing the schools for about a week, six or seven days after the occurrence of the first case, with the following result:—

In 9 instances no further cases occurred. Closure in these cases must therefore be considered to have been without effect.

In 4 instances one or more cases occurred during the interval, and did not attend school till free from infection. As there was no further outbreak it is justifiable to conclude that closure was effective in checking the spread of the disease.

In 2 instances, cases occurred during the interval but eventually further outbreaks occurred in school.

Epidemic Catarrhal Jaundice.—There was an outbreak of jaundice amongst the children at Longnor School. Between 20 and 30 cases occurred in October and November.

The number of children affected and the rapidity with which the disease manifested itself amongst them suggested an infectious condition, and an investigation was carried out. Although the cases varied much in severity the history given was practically always the same. The illness commenced with headache, vomiting and severe abdominal pain, chiefly on the right side. A day or two after the vomiting commenced the jaundice developed and continued for a variable time. The duration of the vomiting was usually only a few days, but it occasionally took place at intervals during a period of a week or even a fortnight. In certain of the milder cases the jaundice was very slight, and in others most pronounced. In each case the condition developed into one presenting all the symptoms of acute catarrhal jaundice.

When the disease got into a home all the children tended to suffer from it, and this would seem to indicate that it was infectious, and was spread by close personal contact. As only two of the houses were near one another, all the others being very considerable distances apart, it seems justifiable to conclude that it was spread from one household to another by children meeting at school.

It was suggested that the infection may have been conveyed by the water, but as the houses did not have a common source of supply, this suggestion would seem to be discounted.

As everything pointed to an infection of the alimentary tract, the probability is that it was spread by faecal contamination. It is possible that this was an outbreak of that form of Epidemic Catarrhal Jaundice known as Weil's disease.

The outbreak was brought to a close by excluding from school for a period of one month all children suffering from the disease, and other children from the same household for an additional period of three weeks from the time the last patient had been considered clear.

FOLLOWING UP.

The whole of the following-up, except with occasional help from voluntary helpers and assistance from the School Attendance Officers in the minor skin conditions, is done now by the School Nurses.

Statement showing visits of Nurses in following up cases to bring about treatment:—

			No. of cases.	No. not visited.	Total visits.
District Nurses	..	..	4040	461	8667
Two whole-time Nurses	..	..	522	1	2220
Health Visitors	..	..	1303	370	1675
	Total	..	5865	832	12562

FACILITIES FOR TREATMENT PROVIDED BY THE COUNTY COUNCIL.

At Hospitals—

- (1) Eye, Ear and Throat Defects—letters of recommendation provided for :—
 Eye, Ear and Throat Hospital, Shrewsbury.
 Worcester Eye Hospital—eye defects only.

(2) Throat Defects—

The Lady Forester Hospital, Broseley ; Ludlow, Oswestry, Wellington, Whitchurch, Ellesmere and Tenbury Cottage Hospitals, and Kidderminster Hospital—payment made for the operation for tonsils and adenoids.

(3) Deformities—

At Shropshire Orthopaedic Hospital—patients paid for under the tuberculosis scheme, and the scheme for the medical treatment of school children.

At Clinics or Schools—

Eye Clinic at Oswestry attended by a practitioner.

Eye Clinics at Market Drayton and Ludlow attended by specialists.

Occasional Eye Clinics were held during 1927 at Whitchurch, Bridgnorth, and Ludlow centres ; at Highley and Craven Arms, and at Cleobury Mortimer School, and attended by an Assistant School Medical Officer—Dr. Taylor.

Clinics for minor ailments at Oswestry, Oakengates, Wellington, Whitchurch, Ludlow, Bridgnorth, Newport, Dawley, Market Drayton and Ironbridge.

X-ray treatment of ringworm by special arrangement with the Birmingham Education Authority.

Orthopaedic treatment at 16 After-care Centres provided by the Shropshire Orthopaedic Hospital.

The Orthopaedic Hospital with its After-care scheme has been of the greatest possible help in the treatment of deformities of school children. By means of this scheme it has been possible to get prompt examination and treatment of every case where consent could be obtained, and instruction given to the parents with regard to special exercises and other matters.

In addition, remedial physical exercise classes have been held at the Oswestry Orthopaedic Centre by the Physical Trainer from the Orthopaedic Hospital.

The total number of letters of recommendation supplied by the County Council for the treatment of school children at the Salop Eye, Ear and Throat Hospital was 656. Five hundred and seventy-two of these were used for 545 children.

Attendance and Treatment at School Clinics.

Defects or Diseases.	Children seen at Medical Inspection	No. of other Cases.	No. of attendances.	Result of Treatment.		
				Remedied.	Improved.	Unaltered

BRIDGNORTH.

Skin :—

Ringworm—head ..	4	12	808	13	3	..
Ringworm—body ..	..	16	213	15	1	..
Scabies	1	..	1	1	..	..
Impetigo .. ..	..	48	397	48	..	..
Minor Injuries .. ..	..	51	409	51	..	..
Other skin diseases ..	1	55	561	56	..	..
Ear disease	2	9	57	11	..	..
Eye disease (external and other)	52	8	172	9	51	..
Verminous conditions ..	..	4	24	4	..	..
Other conditions ..	11	4	965	12	3	..

DAWLEY.

Skin :—

Ringworm—head ..	..	2	18	1	1	..
Ringworm—body ..	..	..	..	..	..	..
Scabies .. ..	..	..	..	..	..	..
Impetigo	10	20	350	29	1	..
Minor Injuries .. ..	..	38	272	38	..	..
Other skin diseases ..	1	63	443	54	10	..
Ear Disease	6	12	82	18	..	..
Eye disease (external and other) .. ..	..	10	22	6	3	1
Verminous conditions ..	..	1	12	1	..	..
Other conditions ..	32	100	210	88	40	4
Throat	12	43	145	45	5	5

IRONBRIDGE.

Skin :—

Ringworm—head ..	..	2	9	2	..	..
Ringworm—body ..	..	1	5	1	..	..
Scabies .. ..	..	..	..	..	..	..
Impetigo	3	20	39	23	..	..
Minor Injuries	2	13	17	10	5	..
Other skin diseases ..	1	11	23	12	..	..
Ear disease	2	14	61	6	10	..
Eye disease (external and other)	8	9	24	12	4	1
Verminous conditions ..	..	4	4	4	..	..
Other conditions ..	34	113	315	81	51	15

Defects or Diseases.	Children seen at Medical Inspection	No. of other Cases.	No. of attendances.	Result of Treatment.		
				Remedied	Improved	Unaltered
LUDLOW.						
Skin :—						
Ringworm—head	2	12	2	..
Ringworm—body	1	5	16	6	..
Scabies	3	5	12	6	2
Impetigo	16	34	15	1
Minor Injuries	1	24	44	22	3
Other skin diseases	..	2	21	49	21	2
Ear disease	1	14	22	15	..
Eye disease (external and other)	3	4	10	7	..
Verminous conditions	1	5	1	..
Other conditions	45	204	451	221	27
MARKET DRAYTON.						
Skin :—						
Ringworm—head	24	470	20	4
Ringworm—body	39	386	38	1
Scabies	1	4	..	1
Impetigo	12	111	12	..
Minor Injuries	2	27	189	27	2
Other skin diseases	89	809	74	15
Ear disease	1	1	24	1	1
Eye disease (external and other)	3	1	186	3	1
Verminous conditions
Other conditions	32	88	32	..
NEWPORT.						
Skin :—						
Ringworm—head	7	89	7	..
Ringworm—body	14	68	14	..
Scabies
Impetigo	22	200	22	..
Minor Injuries	7	41	7	..
Other skin diseases	2	8	2	..
Ear disease	2	11	2	..
Eye disease (external and other)	3	48	3	..
Verminous conditions	9	11	9	..
Other conditions	8	5	23	9	4

Defects or Diseases.	Children seen at Medical Inspection	No. of other Cases.	No. of attendances.	Result of Treatment.		
				Remedied	Improved	Unaltered

OAKENGATES.

Skin :—

Ringworm—head ..	..	..	11	63	10	1	..
Ringworm—body ..	..	..	9	45	7	2	..
Scabies ..	..	..	3	29	3	..	..
Impetigo ..	..	..	6	55	6	..	..
Minor Injuries ..	..	..	224	814	202	14	8
Other skin diseases ..	..	1	15	42	12	4	..
Ear disease ..	..	1	22	64	5	9	9
Eye disease (external and other) ..	..	9	37	54	11	25	10
Verminous conditions ..	..	1	3	4	4	..	..
Other conditions ..	..	27	148	457	68	44	63

OSWESTRY.

Skin—

Ringworm—head ..	..	7	20	{ 493	{ 15	12	..
Ringworm—body ..	..	3	9				..
Scabies ..	..	..	3	19	3	..	..
Impetigo ..	..	3	219	654	220	2	..
Minor Injuries ..	..	6	125	205	130	..	..
Other skin diseases ..	..	..	..	..	..	..	..
Ear Disease ..	..	12	8	143	12	4	..
Eye Disease (external and other) ..	..	15	24	74	30	1	..
Verminous conditions ..	..	..	57	74	57	..	..
Other conditions ..	..	28	51	124	49	10	10

WELLINGTON.

Skin :—

Ringworm—head ..	..	2	9	117	8	3	..
Ringworm—body ..	..	..	3	3	3	..	..
Scabies ..	..	..	..	..	..	..	..
Impetigo ..	..	2	51	401	52	1	..
Minor Injuries ..	..	2	39	185	41	..	..
Other skin diseases ..	..	..	21	49	20	1	..
Ear disease ..	..	12	29	376	37	1	..
Eye disease (external and other) ..	..	7	8	43	8	7	..
Verminous conditions ..	..	..	2	3	2	..	..
Other conditions ..	..	11	206	482	210	5	2

Defects or Diseases.	Children seen at Medical Inspection	No. of other Cases.	No. of attendances.	Result of Treatment.		
				Remedied	Improved	Unaltered
WHITCHURCH.						
Skin :—						
Ringworm—head ..	..	..	2	84	2	..
Ringworm—body ..	..	1	1	18	2	..
Scabies ..	..	..	1	4	1	..
Impetigo ..	..	..	7	130	7	..
Minor Injuries ..	..	..	21	336	20	1
Other skin diseases ..	..	..	11	141	6	2
Ear disease ..	..	1	7	110	3	1
Eye disease (external and other) ..	..	..	3	52	2	..
Verminous conditions ..	..	..	..	..	..	..
Other conditions ..	..	1	27	132	9	5
Total for all Clinics, 1927 ..	405	2717	15158	2505	442	161
" " 1926 ..	329	2507	13005	2211	444	93
" " 1925 ..	244	2017	13020	1768	331	82
" " 1924 ..	195	1540	11662	1402	235	77
" " 1923 ..	312	1640	10034	1674	206	72
" " 1922 ..	347	1126	8197	1172	238	62

THROAT DEFECTS.

Hospital.	Number of Children seen.	Operated on.	Other treatment.
Salop Eye, Ear and Throat Hospital ..	115	109	6
Wenlock Hospital ..	41	41	..
Oswestry Cottage Hospital ..	102	102	..
Ludlow Cottage Hospital ..	33	33	..
Kidderminster Hospital ..	28	28	..
Whitchurch Cottage Hospital ..	47	47	..
Wellington Cottage Hospital ..	174	174	..
Total ..	540	534	6

Owing to the recent building operations at the Salop Eye, Ear and Throat Hospital it has not yet been possible to arrange for more than two cases for operation per week in this institution, and when possible children awaiting treatment are sent to other hospitals.

It is now the rule for the Assistant School Medical Officers to report fully on prescribed forms on the result of treatment of tonsils and adenoids by operation. The following statement is an analysis of the reports:—

No. of Children.	TONSILS.		No. of Children.	ADENOIDS.	
	Completely removed.	Not completely removed.		Completely dealt with.	Not completely dealt with.
386	285	92	388	335	43

EFFECTS OF OPERATION UPON HEALTH.

	Cured.	Improved.	Not improved.
Mouth breathing	.. .. 271	74	25
General Health	.. .. —	351	26
Otorrhoea	.. .. 21	6	7
	Less frequent.	No change.	
Colds and sore throats	.. 277	26	

Other improvements:—Cervical glands subsided 32; chest expansion improved 21; intelligence improved 88; nasal discharge cured 16; deafness:—cured 15, improved 4; minor deformities cured 12.

The Reports of the Medical Officers show, on the whole, a very great improvement in the health of the children, although in too high a percentage of cases the tonsils and adenoids have not been completely removed.

Tuberculosis.—Nine school children suffering from phthisis were admitted to the Shirlett Sanatorium during the year. For particulars of other forms of tuberculosis dealt with reference should be made to the summary of treatment at the Shropshire Orthopaedic Hospital, page 28,

Skin Disease.—Arrangements have been made with the Birmingham Education Authority for the treatment by X-rays of a limited number of cases of ringworm. Only intractable cases are sent for treatment. The railway fares are paid where the parents are not in a position to afford them.

Twelve cases were sent under this arrangement. All the cases were apparently cured.

External Eye Disease.—Twelve external eye defects were treated under the Education Authority's scheme.

Defects of Vision.

DETAILS OF TREATMENT RECEIVED AT THE HOSPITALS AND CLINICS.

Hospital or Clinic.	Number of Children seen.	Glasses prescribed.	Glasses obtained.	No change of Glasses ordered.	Other treatment.	Visit to Salop Hospital advised.	No Glasses or treatment necessary.
Salop Eye, Ear and Throat Hospital	538	457	455	35	24	..	22
North Staffordshire Infirmary ..	4	0	0	..	1	..	2
Worcester Eye Hospital ..	4	3	3	..	..	..	1
Newtown Infirmary ..	2	2	2	..	..	..	..
Oswestry Eye Clinic ..	116	110	108	6	..	..	..
Market Drayton Eye Clinic ..	15	8	8	2	..	..	5
Assistant School Medical Officer at Whitchurch Eye Clinic ..	14	14	13	..	..	..	..
Bridgnorth do. ..	80	78	77	1	..	1	..
Ludlow do. ..	78	74	70	2	..	1	1
Craven Arms do. ..	42	41	41	..	..	1	..
Highley do. ..	11	11	11	..	..	..	..
Cleobury Mortimer School ..	11	11	10	..	..	..	..
Total	900	801	790	46	25	3	31

Ear Disease and Hearing.

Hospital.	Number of Children seen.	Received Treatment.				Waiting Throat Operation.
		Remedied.	Improved.	Not improved.	Not known.	
Salop Eye, Ear and Throat Hospital ..	34	8	21	5	..	..

TEETH.—For the last ten or more years efforts have been made through the schools and by means of the health visitors to teach the prevention of dental caries on physiological lines. Simple rules of prevention have been drawn up and supplied to the schools and to the health visitors. The directions to the health visitors are to leave these at every house where there are young children and explain them to the mothers. In addition, lectures have been given by the medical staff to school teachers, to nurses, to mothers at the Child Welfare Centres, and by the County Council health lecturer to the children at the schools. This teaching is regarded as one of the most important duties of the health visitors. There is reason to think that there has been a considerable improvement in the teeth of the children of the County, but without some general acknowledgment of the supreme importance of the work it seems almost impossible to get that sustained interest and enthusiasm amongst the workers and that receptivity amongst the public that is essential for any great success.

The prevention of decay of teeth is now receiving considerably more attention from the important bodies responsible for the public health. The Dental Board have issued a leaflet on prevention and treatment. The principal factors in the cause of dental caries are those which determine the acid fermentation of food in contact with the teeth.

In the scheme of dental treatment the ends which have been steadily kept in view are :—

- (1) That the inspection should be of a *systematic* character.
- (2) That all the schools should be dealt with in a reasonable time, and if possible within twelve months.
- (3) That the mouth of every child treated should be freed from any gross septic conditions, and that every decayed permanent tooth that is saveable should be saved.
- (4) That subject to the foregoing conditions, and to the proviso that every filling should be done as well as possible so that it shall be really permanent, the largest number of children possible should be dealt with.

The success or failure of the scheme must depend upon the amount of sepsis removed and the number of permanent teeth saved, and not upon the refinements of dental treatment.

In small country schools inspection and treatment are carried out at the same visit, and in all other schools arrangements are made for treatment either at the school or at a clinic some three weeks after inspection.

Children of all ages in the schools have been dealt with since October, 1923. This is a very important advance.

Not only are all ages dealt with but the schools are now being visited on an average about once in seven months. This has been possible owing to the considerable number of refusals and the smaller amount of treatment required owing to previous treatment.

All the schools were inspected and treated during the year with one exception (Harlescott). One hundred and sixty-nine schools were treated twice during the year.

Five schools were inspected twice, but the second treatment was not given until 1928. The results of inspection and treatment are given in the tables at the end of the report.

The number of unsaveable permanent teeth is a measure of the imperfection of the dental scheme. A tooth becomes unsaveable when the decay has reached the pulp cavity, or very close to the pulp cavity. It is very satisfactory that in 39,088 examinations of children only 3,076 unsaveable permanent teeth were found. 2,555 of these were due to refusal of treatment at the previous inspection. Only 521 can therefore be legitimately attributed to any shortcomings of the scheme. Of this number 338 were due to lack of opportunity to complete the treatment of the mouth on the previous occasion ; 63 were due to an unusually long inter-inspection period, and only 120 were due to the fact that the caries was so rapid as to destroy the tooth in the ordinary inter-inspection period. These figures are extremely encouraging, showing, as they do, that if there were no refusals and no extra long periods between inspections there would be very few permanent teeth destroyed. In the East of the County where treatment is carried on principally in clinics, and where there is consequently more opportunity for treating those children who could not for any reason be dealt with on the day arranged, the total number of unsaveable teeth, apart from refusals, was only 47.

The difference between the number referred for treatment, including 923 cases brought forward from 1926, and the number treated, was 8,312. The details are given in the following statement :—

	Refusals.	Absent on day of Treatment.	Left School.	To be treated in 1928.	Treatment deferred.
East of County ..	.. 1887	317	35	121	18
South of County ..	.. 1975	118	12	57	68
North of County ..	.. 3084	308	30	213	69

It will be noted that there were no less than 6,946 refusals of treatment. The following table shows the schools in which the percentage of consents was very high and those in which it was very low :—

PERCENTAGES OF "CONSENTS" FOR TREATMENT.

SCHOOLS WITH 90 PER CENT. OR OVER.

Adderley ..	..	..	..	..	100	Shawbury ..	..	..	..	..	..	93
Lee Brockhurst ..	..	..	..	..	100	Ryton ..	..	..	..	..	..	93
Leighton ..	..	..	..	..	100	Pitchford ..	..	..	..	..	..	92
Wroxeter ..	..	..	..	..	100	Beckbury ..	..	..	..	..	..	92
Rhyd-y-Croesau ..	..	..	..	..	100	Pant Glas ..	..	..	..	..	..	92
Sutton Maddock ..	..	..	..	..	100	Smethcote ..	..	..	..	..	..	92
Chetwynd ..	..	..	..	..	100	Cardington ..	..	..	..	..	..	91
Church Preen ..	..	..	..	..	97	Berrington ..	..	..	..	..	..	91
Aston ..	..	..	..	..	96	Church Aston ..	..	..	..	..	..	91
Boningale ..	..	..	..	..	94	Wellington R.C. ..	..	..	..	..	..	91
Chapel Lawn ..	..	..	..	..	94							

SCHOOLS WITH NOT MORE THAN 50 PER CENT.

Knockin ..	..	..	..	..	15	Clun ..	..	..	..	..	..	45
Neen Savage ..	..	..	..	..	27	St. George's C.E. Boys ..	..	..	..	..	..	45
Bridgnorth (St. Leonard's Boys) ..	..	..	..	..	28	Wem Undenominational ..	..	..	..	..	..	45
Lydbury North ..	..	..	..	..	29	St. George's C.E. Infants ..	..	..	..	..	..	45
Criftins ..	..	..	..	..	31	Tilstock ..	..	..	..	..	..	45
Burford ..	..	..	..	..	31	Whixall Council ..	..	..	..	..	..	45
Kinlet ..	..	..	..	..	31	Porthywaen ..	..	..	..	..	..	46
Munslow ..	..	..	..	..	32	Eaton Constantine ..	..	..	..	..	..	46
Eardington ..	..	..	..	..	32	Whitchurch Wesleyan Infants ..	..	..	..	..	..	47
St. Martin's ..	..	..	..	..	33	Little Drayton Mixed ..	..	..	..	..	..	47
Shelve ..	..	..	..	..	34	Cleeton St. Mary ..	..	..	..	..	..	47
Bridgnorth (St. Leonard's Infants) ..	..	..	..	..	36	Harley ..	..	..	..	..	..	47
„ (St. Mary's Mixed) ..	..	..	..	..	36	Monkholton ..	..	..	..	..	..	48
Neen Sollars ..	..	..	..	..	37	Ruyton-xi-Towns ..	..	..	..	..	..	48
Selattyn ..	..	..	..	..	40	Madeley Wood Wesleyan Infants ..	..	..	..	..	..	48
Whittington ..	..	..	..	..	42	Market Drayton Boys ..	..	..	..	..	..	48
Oswestry Council Boys ..	..	..	..	..	42	Ludlow East Hamlet Boys ..	..	..	..	..	..	48
Stoke-upon-Tern ..	..	..	..	..	42	Prees Lower Heath ..	..	..	..	..	..	48
Hope ..	..	..	..	..	43	Bishop's Castle Council Boys ..	..	..	..	..	..	49
Great Hanwood ..	..	..	..	..	43	Wistanstow ..	..	..	..	..	..	49
Plowden R.C. ..	..	..	..	..	43	Ifton Heath ..	..	..	..	..	..	49
Market Drayton Girls ..	..	..	..	..	44	Ludlow East Hamlet Mixed ..	..	..	..	..	..	49
Ludlow Undenominational ..	..	..	..	..	44	Shifnal C.E. Infants ..	..	..	..	..	..	50
„ C.E. Infants ..	..	..	..	..	44	Wrockwardine Wood Council Girls ..	..	..	..	..	..	50
Clungunford ..	..	..	..	..	44	„ „ C.E. Infants ..	..	..	..	..	..	50
Sambrook ..	..	..	..	..	44	Oswestry Trinity Infants ..	..	..	..	..	..	50
Clee St. Margaret ..	..	..	..	..	45	Lilleshall Infants ..	..	..	..	..	..	50
Welshampton ..	..	..	..	..	45	Donnington Wood Girls ..	..	..	..	..	..	50
Myddle ..	..	..	..	..	45	Bridgnorth St. Leonard's Boys ..	..	..	..	..	..	50
						Baschurch ..	..	..	..	..	..	50

It is a serious indictment of our educational system, although it has brought about great changes for the better, that after fifty years of universal education we should find a considerable percentage of the people ranging in different parts from 20 per cent. to 85 per cent. refusing dental treatment for their children, when skilled treatment is provided free of cost. We know that in the more highly educated classes, dental treatment is sought after and obtained at much cost and inconvenience, and we may infer that the large majority of parents who refuse dental treatment do so because of a lack of development of their intelligence and their consequent inability to form a correct judgment on the serious problems of life.

CRIPPLING DEFECTS AND ORTHOPAEDICS.
Treatment at the Shropshire Orthopaedic Hospital.

Disease.	Cases paid for by the County Council.			Cases not paid for by the County Council.		
	Child Welfare, Tuberculosis and School Cases.			Child Welfare, Tuberculosis School and other Cases.		
	Under 5.	5 to 14.	Over 14.	Under 5.	5 to 14.	Over 14.
Tuberculosis of Bones and Joints ..	8**	23	61	..	3	8
Poliomyelitis	6	17	..	1	5	11
Rickets	8	3	..	1	1	..
Hallux Valgus .. .. ..	..	1	..	..	..	2
Scoliosis .. .. ..	..	4	..	..	..	2
Club Foot	2	..	..	..	..	..
Congenital Deformities	3	3	..	1	1	2
Flat Foot .. .. ..	..	5	..	..	1	1
Claw Foot .. .. ..	..	2	..	..	..	6
Hallux Rigidus .. .. ..	..	..	..	..	..	1
Osteomyelitis .. .. ..	..	4	..	1	..	2
Contractures	1	2	..	..	..	1
Spastic Paralysis .. .. ..	..	6	..	..	1	1
Fractures and Dislocations .. .. ..	..	10	..	1	3	14
Torticollis .. .. ..	..	2	..	..	..	..
Septic Arthritis	1	3	..	..	..	15
Rheumatoid Arthritis .. .. ..	..	..	..	..	..	2
Gonococcal Arthritis .. .. ..	..	..	..	..	..	1
Other Accidents .. .. ..	..	4	..	..	..	5
Other Diseases and Conditions	1	5	..	..	1	7
	30	94*	61	5	16†	81
	185			102		

* Includes 2 Shrewsbury School Children.

Total ... 287

† Includes 5 Shrewsbury School Children.

** Three of these cases notified and sent in to the Hospital as tubercular were diagnosed afterwards to be Arthritis 2, Osteomyelitis 1.

In all, 287 cases have been treated at the Hospital, compared with 270 in 1926. So far as we are aware all the cases really needing treatment have been dealt with. This is very satisfactory, as it is our constant endeavour to get the cases treated as early as possible.

The more serious orthopaedic conditions are treated at the Orthopaedic Hospital, and children with less serious defects attend regularly at the weekly After-care Centres.

Although the Committee authorised the treatment of recent fractures at the Orthopaedic Hospital, during the year only 8 recent fractures were sent in to the hospital for treatment.

OPEN AIR EDUCATION.

Playground Classes are encouraged, but although the number is increasing they are carried out only in a comparatively small minority of the schools.

Very few of the schools have so far had *School Journeys*, and there have been no *School Camps* in connection with any of them so far as I am aware.

The general plan now adopted for new schools is such that all the classrooms can be used as open-air rooms in suitable weather. The chief difficulty met with is that the method of heating adopted, is altogether unsuitable for open-air rooms. It is quite obvious that any scheme which depends principally upon heating the air of the room cannot be effective. If the air is changed every minute or oftener, as it is in the open-air rooms except on the stillest days, the heating must be by means of radiant heat, the radiating surface being placed in such a position that the heat rays are distributed uniformly over the area occupied by the children and therefore fall directly upon them.

There is no other way of keeping the children reasonably warm in an open air classroom, and all other methods of heating under open air conditions are almost useless. If it is decided to continue the open air planning of schools, it follows that ceiling heating should be adopted, and investigations, inquiries and experiments have been made in order to determine the best way of carrying it out.

The other matter to be decided is to what extent "Vitaglass" is desirable in schools. It is more particularly in the winter, early spring and autumn that special provision is desirable, as it is at those times that the children suffer most seriously from lack of sunlight.

RESIDENTIAL OPEN-AIR SCHOOLS.

Attention having been called to the fact that there is always a certain number of children who are in a persistently poor state of health, it was decided, partly as an experiment, to send three carefully selected cases to an Open Air School for a period of three months.

The first case was that of a boy who had become pale, listless and lacking in energy, and who had ceased to make progress at school, a condition which had persisted for many months. On his return from the Open Air School he was found to have improved greatly, having regained his normal mental and physical energy. Medical examination showed that he was in a state of very good health, a condition which has since continued.

The second of these was a boy with a bad heart, who was undernourished, and whose general physical condition was very poor. After being away for three months his general health was much improved and he had gained weight, but the cardiac condition showed little change. The improvement in his general health since discharge has, however, been maintained.

The third case was that of a very thin boy who suffered from rheumatism, to such an extent that he was definitely unfit to attend an ordinary elementary school. His period in the open air school was extended from three to six months, and he is now about to be discharged. He is reported to be free from rheumatism and to have greatly improved in general health, but not to have gained weight.

The benefit derived from the three months' open air treatment has been in each of these cases very definite, but particularly so in the first case. This was a boy who, unlike the other two, had no definite physical defect, but whose condition was probably chiefly attributable to poor home circumstances, lack of proper food and unhygienic conditions. There are numerous such cases amongst the school children, and no form of purely medical treatment can be expected to restore them to normal health. The only remedy would seem to be to get them removed to where conditions of life will be better for them, and where their physical requirements will be more adequately met.

PHYSICAL TRAINING.

Exercise and fresh air conditions and proper food are the two primary factors that govern growth and health, and by attention to these two matters we strike at the root of the disease. Measures directed to the prevention of particular diseases or to the early treatment of disease, although important, can never yield the same result to the State, and consequently it is essential that we should concentrate our energies more particularly on these general measures, which are essential for the full growth and vitality of the great mass of school children. Of these measures, a good scheme of physical instruction including the encouragement of organised games and the provision of playing fields, is perhaps the most important.

In addition to attending to the physical development of all the school children, which is infinitely the most important matter, the question of remedial exercises for children requiring them has received considerable attention.

Those children whose deformities are really serious are dealt with by admission for a period into the Orthopaedic Hospital. For the continuation of treatment in these cases and for the treatment of slighter cases it is most desirable that our School Nurses should work in close co-operation with the Orthopaedic After-care Centres in order that daily exercises may be carried out where necessary, and generally more attention given to this work than it is possible for the Orthopaedic Nurses to give.

The report of Mrs. Davey, the Organiser of Physical Training (see appendix) shows that the work is progressing most satisfactorily, so far as it is possible for one person to carry it out. The scheme works smoothly and the teachers on the whole greatly appreciate the assistance given.

SCHOOL BATHS.—An arrangement has been made in Whitchurch, Oswestry and Wellington, whereby the older Elementary School children in these areas are sent for swimming instruction once weekly. The Organiser of Physical Training is giving special consideration to the utilisation of natural waters in country districts for teaching swimming.

CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.

PARENTS.—A notice is sent to all parents inviting their presence at the routine medical and dental inspections. A special effort is always made to get the parents of seriously defective children to attend all examinations.

TEACHERS.—The teachers have continued to afford great help in the work of medical and dental inspection and treatment.

In addition to the routine help at medical inspection described in the earlier reports, the teachers are asked to pay special attention to the attitude of the children in school and to correct false positions; to see that the children wear spectacles when prescribed; to note abnormalities with visual and aural defects get the special school treatment prescribed; to note abnormalities and call the attention of the Medical Officers; to exclude cases of suspected infections in accordance with directions and to report exclusions; to distribute directions with regard to infectious disease to parents on certain occasions.

The influence of the teachers on the general hygiene of the school has been alluded to in other parts of this report.

SCHOOL ATTENDANCE OFFICERS.—The Attendance Officers are now working in closer co-operation with the medical department. Their opportunities of seeing whether children absent from school on medical grounds are getting medical treatment, are often greater than the opportunities of the school nurse. They are now instructed to report at once any such children who are absent and are apparently not receiving or carrying out medical treatment, so that they can be further investigated if necessary by the medical department. They are also to report on children who are excluded by the Medical Inspector for various conditions and are not carrying out the treatment prescribed.

They attend at the medical inspections when required and are available for bringing up children who are absent and whose examination is very desirable. They are supposed to keep a strict lookout on children absent on account of verminous or skin conditions in order to see that the treatment prescribed is not neglected. In persistently verminous cases, where it is necessary to take legal proceedings and the nurse objects to appearing in court, they are always present at the final examination of the child, and are therefore able to give evidence when required.

VOLUNTARY BODIES, VOLUNTARY HELPERS.—(See remarks, page 8, report for 1914).

During the war the scheme for utilising Voluntary Helpers became much less efficient, owing greatly to the fact that the helpers were fully employed with other work. Much of the routine work undertaken by the helpers is now done by the school nurses, but there is still work to be done in which helpers can be most useful. What is now wanted is one lady for a school or group of schools to whom the nurse can apply for advice or assistance.

Where the school nursing is done by the District Nurse the Secretary of the Local Nursing Association very frequently carries out the functions mentioned above.

The Inspector of the National Society for the Prevention of Cruelty to Children has been of the greatest help in obtaining medical treatment where other means have failed and in dealing with cases of gross neglect. The thanks of the Education Committee are due to the Society for their ready co-operation and prompt action.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Methods of Ascertainment.—Reliance is placed principally upon the visits of the Health Visitor to the homes of the children under school age. These visits should bring to light with certainty all defective children who have been born in the County, and with a lesser degree of certainty, defective children who have removed into the County.

In addition, the Attendance Officers make an annual census of all defective children, and for this purpose are supposed to visit every house. For defects that develop during school age, one has to rely upon the inspections of the Medical Officers, and the vigilance of the teachers. In addition to these measures, the Attendance Officers call the attention of the Medical Department to children who are permanently absent from school.

To make ascertainment absolutely complete, there should be prompt notification of movements of defective children from the area of one Authority to that of another. This is a matter which can only be satisfactorily undertaken by the help of the Attendance Officers and Teachers.

Examination of Mentally Defective, Epileptic, Blind and Deaf Children.

	Certified suitable for Special School on Form 302M, 38D, 39D. or 40 B.D.	Uneducable.	To be kept under observation.	Examined and found Dull and Backward only.
Mentally Defective ..	34	12*	14	19
Epileptic ..	1	..	6	..
Blind ..	2	..	..	..
Deaf and Dumb ..	1	..	..	..
Physically Defective	69	..	..	..

* 12 Imbeciles.

Number of children certified as educable and suitable for Sandlebridge in 1927 ..	34
Number of these children admitted in 1927 ..	3
	—
Number not admitted ..	31
Reasons for non-admission :—Parents' refusal ..	17
Too old ..	5
Found unsuitable ..	3
Awaiting vacancies ..	5
Referred to Guardians ..	1

The number of children admitted to special schools during 1927 was—Blind 1, Deaf and Dumb 1, Epileptic 1, Mentally Defective 3, Physically Defective 85.

During the year 1927, the striking feature was the large number of mentally defective children attending the Public Elementary Schools. These to a considerable extent consisted of children who had been certified for a special school, but either their parents objected to their removal, or there was no available space at Sandlebridge for them. Others were considered too defective for Sandlebridge, although to some extent educable.

These children are now put under systematic supervision of the whole-time school nurse, and, at the age of 16, are transferred to the supervision of the Health Visitors, although they cannot be notified formally to the Local Authority under the Mental Deficiency Act.

Orthopaedic Hospital and Special School.—The more serious orthopaedic cases are admitted to the Hospital on the report of the School Medical Officer and assessed for payment according to ability to pay. The accommodation is such that there is no delay. The cases are discovered principally by the School Medical Officers and nurses, and every effort is made to get the cases early. On discharge from the Hospital they are kept under supervision at the After-care Centres, 16 in all, distributed throughout the County. Nine of these Centres are open weekly and 7 fortnightly. The cases are re-admitted to the Hospital for re-splinting, plasters, exercises or operation, as required.

Schools for the Blind, Schools for the Deaf.—In both these classes of schools accommodation is always found if the parents are willing for removal. Every effort is made to get these cases under early treatment.

Mentally Defectives.—These children are sent to Sandlebridge Special School, where the Education Authority has an option on 10 beds. The accommodation is not sufficient for the needs of the County, and would be grossly insufficient if all suitable cases were compulsorily removed. There are at present 21 children in this school from the County. (One being paid for by a Board of Guardians).

NURSERY SCHOOLS.

There are none of these schools in the County, nor does the provision appear to be particularly urgent.

SECONDARY SCHOOLS.

There are 19 Secondary Schools, three of which are "Aided" schools. Two of the latter, Ludlow Boys' Grammar School and the boys' section of the Cleobury Mortimer College came under the scheme of medical inspection for the first time in the third term of the year.

Two of the schools are mixed schools and have to be inspected by male and female Medical Officers. With the exception of one term, when the number due for inspection at one school was very small, all the schools have been inspected three times during the year. Entrants, leavers and scholars aged 12 and 15 were examined.

No arrangements have been made for providing treatment or for following up the defects found. The whole question of remedial treatment is left in the hands of the head masters and mistresses.

The tables referring to the inspection of Secondary Schools are given at the end of the report.

One hundred and eighty-six elementary school children who were awarded Free Places, were examined at the schools or clinics with a view to the discovery and treatment of defects whilst still eligible for treatment under the Local Education Authority scheme. Reference was also made to the Dental Records to ascertain which of these children required dental treatment.

Treatment was advised in twenty-five cases, and in twenty-four cases it was obtained.

Continuation Schools.—There are no Continuation Schools in the County.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

The children over 12 years of age in private employment come under the notice of the Assistant School Medical Officers at each visit to the schools, and if they are found to be suffering in any way from their employment, notice is sent to the Education Department.

The findings of the Medical Inspectors are at the service of the Juvenile Employment Committee, and the Certifying Factory Surgeon. If the Medical Officers consider that a child is not fit for any specific employment, this information is transmitted to the Juvenile Employment Committee, and the certifying factory surgeon.

No definite statement of the findings of the School Medical Service as regards the physical conditions of employed children and young persons can be made, but the Assistant School Medical Officers report cases where they think the child's health is injured by their employment out of school hours, and the information is sent in these cases to the Secretary for Education, for appropriate action to be taken.

TABLE I.—A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Groups Inspections—

Entrants	3833
Intermediates	2971
Leavers	2988
Total	9792

Number of other Routine Inspections —

B.—OTHER INSPECTIONS.

Number of Special Inspections	3772
Number of re-inspections	12472
Total	16244

TABLE II.—A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDING 31ST DECEMBER, 1926.

Defect or Disease.	Routine Inspections.			Special Inspections.	
	No. of Defects.		Requiring treatment.	Requiring treatment.	No. of Defects.
	(1)	(2)			(5)
Malnutrition ..	..	..	..	1077	..
Uncleanliness ..	..	..	845	..	4
Skin	Ringworm—				
	Scalp ..	..	19	..	7
	Body ..	..	8	..	2
	Scabies ..	..	10	..	2
	Impetigo ..	..	15	..	9
	Other Diseases (non-tubercular)		13	..	2
	Blepharitis ..	..	44	11	6
	Conjunctivitis ..	..	6	1	1
	Keratitis ..	..	2	..	..
Eye	Corneal Opacities ..	..	7	..	..
	Defective Vision (excluding squint)	..	465	139	97
	Squint ..	..	92	5	19
	Other conditions ..	..	7	..	3
	Defective hearing ..	..	21	3	13
Ear	Otitis media ..	..	44	1	12
	Other ear diseases ..	..	1	..	..
Nose	Enlarged tonsils only ..	..	532	782	152
and	Adenoids only ..	..	106	137	15
Throat	Enlarged tonsils and adenoids ..	..	296	86	52
	Other conditions ..	..	18	8	4
	Enlarged Cervical Glands (non-tubercular)		..	338	4
	Defective speech ..	..	..	57	..
*Teeth, Dental Diseases ..	..	..	317	..	43
Heart	Heart Disease—				
and	Organic ..	..	3	95	..
Circulation	Functional ..	..	..	110	..
	Anaemia ..	..	12	6	5
Lungs	Bronchitis ..	..	12	71	1
	Other non-tuberculous diseases ..	..	7	..	2

TABLE II.—*continued.*

Defect or Disease.	Routine Inspections.			Special Inspections.	
	No. of Defects.		Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	No. of Defects.
	(1)	(2)			(5)
Pulmonary—					
Definite	4			..	..
Suspected	31			..	..
Non-pulmonary—					
Glands	II			..	2
Spine	2			..	..
Hip	4			..	..
Other bones and joints	I			..	..
Skin .. .. ..	..			..	..
Other forms	12			..	..
Epilepsy	8		2	3	I
Chorea	I		I	3	I
Other conditions	3		2	I	..
Rickets	196		192	19	9
Spinal Curvature	120		41	38	I
Other forms	482		67	78	6
Other defects and diseases	168		576†	40	79‡

§ In addition there were 207 "Routine" and 7 "Special" cases of defective vision which had been corrected by glasses at the time of examination.

* This only includes the grosser cases requiring immediate treatment, others being left over for routine treatment by the School Dentist.

† Includes 466 Dull and Backward Children. ‡ Includes 62 Dull and Backward Children.

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group. (1)	Number of Children.		Percentage of children found to require treatment. (4)
	Inspected. (2)	Found to require treatment. (3)	
Code Groups :—			
Entrants	3833	849	22.1
Intermediates and other routine inspections	2971	775	26.1
Leavers	2988	725	24.3
Total (Code Groups)	9792	2349	24.0

TABLE III.—NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA ON DECEMBER 31ST, 1927.

			Boys.	Girls.	Total.
Blind (including partially blind).	(i) Suitable for training in a school or class for the totally blind.	Attending certified schools or Classes for the Blind .. Attending Public Elementary Schools At other Institutions At no School or Institution ..	4 I	3	7 I
	(ii) Suitable for training in a School or Class for the partially blind.	Attending certified Schools or Classes for the Blind .. Attending Public Elementary Schools At other Institutions At no School or Institution ..	I 8 .. 3	2 4 .. 2	3 12 .. 5
Deaf (including deaf and dumb and partially deaf).	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending certified Schools or Classes for the Deaf .. Attending Public Elementary Schools At other Institutions At no School or Institution ..	8 I I ..	8	16 I I ..
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending certified Schools or Classes for the Deaf .. Attending Public Elementary Schools At other Institutions At no School or Institution ..	I 2 .. 2	.. I .. I	I 3 .. 3
Mentally Defective.	Feeble-minded (cases not notifiable to the Local Authority).	Attending certified Schools for Mentally Defective children Attending Public Elementary Schools At other Institutions At no School or Institution ..	I2 71 3 6	9 43 .. 5	21 114 3 II
	Notified to the Local Control Authority during the year.	Feeble-minded Imbeciles Idiots .. .. ..	.. 6 ..	.. 8 ..	.. 14 ..

			Boys.	Girls.	Total.
Epileptics.	Suffering from Severe Epilepsy.	Attending Certified Special Schools for Epileptics ..	1	2	3
		In Institutions other than Certified Schools .. ..	..	..	..
Physical Defective.	Infectious Pulmonary and Glandular tuberculosis.	Attending Public Elementary Schools	20	15	35
		At no School or Institution ..	5	2	7
Non-infectious but active pulmonary and glandular tuberculosis.		At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	2	1	3
		At other Institutions	1	..	1
Delicate children (e.g., pre-or latent tuberculosis, malnutrition, debility, anaemia, etc.)		At no School or Institution ..	7	21	28
		At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	2	7	9
		At certified residential open-air Schools .. .. ..	..	..	..
		At certified Day Open-air Schools .. .. ..	..	..	..
		At Public Elementary Schools	15	21	36
		At other Institutions	1	1	2
		At no School or Institution ..	9	7	16
		At Certified Residential Open-air Schools	2	..	2
		At Certified Day Open-air Schools .. .. ..	..	..	..
		At Public Elementary Schools	108	90	198
		At other Institutions	1	..	1
		At no School or Institution ..	39	29	68

			Boys.	Girls.	Total.
Physically Defective (contd.)	Active non-pulmon- ary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or Board At Public Elementary Schools At other Institutions At no School or Institution ..	6 20 3 14	5 24 .. 22	11 44 3 36
	Crippled children (other than those with active tuber- culous disease), <i>e.g.</i> , children suf- fering from paralysis, &c., and including those with severe heart disease.	At Certified Hospital Schools At Certified Residential Crip- ple Schools At Certified Day Cripple Schools At Public Elementary Schools At other Institutions At no School or Institution ..	11 1 .. 204 .. 57	7 1 .. 189 .. 83	18 2 .. 393 .. 140

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31ST DECEMBER, 1927.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS.

Defect or Disease. (1)	Number of defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm—Scalp	104	24	128
Ringworm—Body	102	8	110
Scabies	17	4	21
Impetigo	439	8	447
Other Skin Diseases	294	10	304
Minor Eye Defects— (External and other, but excluding cases falling in Group II.)	204	12	216
Minor Ear Defects	156	27	183
Miscellaneous (<i>e.g.</i> , Minor injuries, bruises, sores, chilblains, etc.)	1806	125	1931
Total	3122	218	3340

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease.	Number of defects dealt with.				Total.
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at Hospital apart from the Authority's Scheme.	Otherwise.	(5)	
(1)	(2)	(3)	(4)	(5)	
Errors of refraction (including Squint)	955	54	24	1033	
Other defect or disease of the Eye excluding those recorded in Group I.)	5	..	..	5
Total	960	54	24	1038	

Total number of children for whom spectacles were prescribed :—

- (a) Under the Authority's Scheme 880
- (b) Otherwise 63

Total number of children who obtained or received spectacles :—

- (a) Under the Authority's Scheme 822
- (b) Otherwise 62

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.				
Received Operative Treatment.		Total.	Received other forms of Treatment.	Total number Treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.			
(1)	(2)	(3)	(4)	(5)
613	127	740	44	784

GROUP IV. DENTAL DEFECTS.

NUMBER OF CHILDREN DEALT WITH.

	Age	..	AGE GROUPS INSPECTED.												Specials.	Total.
			Under 5	5	6	7	8	9	10	11	12	13	14			
East of County (Mr. Birch)	399	1052	1385	1477	1166	1045	1184	1249	1300	1167	146	169		11739
South of County (Mr. Keenan)	268	1008	1655	1758	1354	1267	1475	1538	1504	1488	234	29		13578
North of County (Mr. Catchpole)	270	1171	1702	1783	1437	1329	1367	1491	1502	1402	205	112		13771
Total	937	3231	4742	5018	3957	3641	4026	4278	4306	4057	585	310		39088
(b) Referred for Treatment		19188
(c) Actually treated		11799
(d) Re-treated (result of periodical examination)		7444

	Age	..	NO. OF CHILDREN REFERRED FOR TREATMENT.												Specials.	Total.
			Under 5	5	6	7	8	9	10	11	12	13	14			
East of County	121	495	664	771	667	548	517	537	560	486	60	169		5595
South of County	34	214	573	867	746	725	783	791	719	659	134	29		6274
North of County	66	472	871	1095	920	778	785	754	688	679	99	112		7319
Total	221	1181	2108	2733	2333	2051	2085	2082	1967	1824	293	310		19188

NUMBER OF TEMPORARY TEETH DECAYED.

Age	SAVEABLE.												UNSAVEABLE.											
	Under 5	5	6	7	8	9	10	11	12	13	14	Under 5	5	6	7	8	9	10	11	12	13	14		
East of County	..	455	2269	3278	3477	2648	1954	1696	1083	485	167	30	119	681	1046	1216	1047	681	533	390	232	127	23	
South of County	..	204	1217	2381	2663	2001	1483	1053	592	197	82	6	56	370	974	1424	1208	1008	826	613	320	155	30	
North of County	..	169	700	928	743	412	330	252	156	67	24	3	198	1596	3045	3393	2630	1778	1314	821	400	212	24	
Total	..	828	4186	6587	6883	5061	3767	3001	1831	749	273	39	373	2647	5065	6033	4885	3467	2673	1824	952	494	77	

NUMBER OF PERMANENT TEETH DECAYED.

Age . .	SAVEABLE.												UNSAVEABLE.											
	5	6	7	8	9	10	11	12	13	14	Total.	5	6	7	8	9	10	11	12	13	14	Total.		
1st of County	7	99	210	297	296	355	452	523	603	93	2935	..	..	2	6	15	40	54	99	101	8	325
2nd of County	..	19	121	112	231	408	591	638	665	129	2914	..	2	8	29	36	109	164	234	260	66	908		
3rd of County	..	4	73	244	289	300	376	445	539	547	2899	3	3	59	87	211	252	302	429	436	61	1843		
Total	..	11	191	575	698	827	1139	1488	1700	1815	8748	3	5	69	122	262	401	520	762	797	135	3076		

PARTICULARS OF TIME GIVEN AND OPERATIONS UNDERTAKEN.

No. of Half-days devoted to Inspection.	No. of Half-days devoted to Treatment.	Total No. of Attendances made by the Children at the Clinics. and Schools.	No. of Permanent Teeth		No. of Temporary Teeth.		Total No. of Fillings.	No. of Administrations of General Anaesthetics.	No. of other Operations.	
			Ex-tracted.	Filled.	Ex-tracted.	Filled.			Per-manent Teeth.	Temp-orary Teeth
East of County. 104½	337½	3982	241	1915	3533	572	2487	—	1772	1339
South of County. 100½	329½	4188	353	1513	3586	120	1633	—	603	3196
North of County. 122	310	3936	632	1341	5662	54	1395	1	2	156
Total 327	977	12106	1226	4769	12781	746	5515	1	2375	4691 4535

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

SECONDARY SCHOOLS.

A statement is given below as to the amount of inspection done at the Secondary Schools.

NUMBER OF CHILDREN INSPECTED.

A.—ROUTINE MEDICAL INSPECTIONS.

Age	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Total.
Boys	..	..	4	2	4	8	13	36	90	178	43	33	158	33	15	9	1	627
Girls	..	..	5	2	5	4	14	42	96	197	59	65	206	35	30	25	9	794
Totals	..	..	9	4	9	12	27	78	186	375	102	98	364	68	45	34	10	1421

B.—SPECIAL INSPECTIONS.

Boys	..	..	12
Girls	..	..	35

 47

RE-EXAMINATIONS.

Boys	..	..	321
Girls	..	..	750

 1071

RETURN OF DEFECTS (SECONDARY SCHOOLS).

Defect or Disease.	Routine Inspections.			Special Inspections.	
	No. of Defects.		Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	No. of Defects.
	(1)	(2)			(5)
Malnutrition ..	..	..	..	64	..
Uncleanliness ..	..	..	9	..	..
Skin	Ringworm—		Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring to be kept under observation but not requiring treatment.
	Scalp ..	..		..	..
	Body ..	..		..	..
	Scabies ..	..		..	..
	Impetigo ..	..		..	..
	Other diseases (non-tuberculous)			..	..
Teeth	Dental Diseases ..	..	167	..	I
Nose and Throat	Enlarged Tonsils only ..		66	67	3
	Adenoids only ..	..	I	8	..
	Enlarged Tonsils and Adenoids ..		17	11	..
	Other conditions ..		7	7	I
	Enlarged Cervical Glands (non-tuberculous)		2	12	..
Goitre ..	..	..	7	3	..
Eye	(External Eye Disease ..)		4	2	..
	Defective Vision ..	..	116	79	I2
	(including squint)		Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	I
Ear	Defective Hearing ..		8	..	..
	Otitis Media ..	..	I	..	
	Other Ear Diseases ..		I	..	..
Defective Speech ..	..	..	..	4	..
Intelligence (backward) ..	..	..	..	16	..
Heart and Circulation ..	..	..	..	25	I
Anaemia ..	..	..	..	4	..

Defect or Disease.	Routine Inspections.			Special Inspections.	
	No. of Defects.		Requiring treatment.	Requiring treatment.	No. of Defects.
	(1)	(2)			(4)
Tuberculosis	Pulmonary—				
	Definite .. .. ..	..	..	..	..
	Suspected	2	I	..	..
	Non-pulmonary—				
	Glands	I	I	..	..
	Spine .. .. ..	..	..	..	..
	Hip	I	..	..	..
	Other Bones and Joints .. .. ..	..	..	..	..
	Skin .. .. ..	..	..	..	..
	Other forms .. .. ..	..	..	..	..
Lungs	Bronchitis .. .. ..	..	6	..	..
	Other non-tuberculous diseases .. .. ..	..	I	..	..
Nervous System	Headache	I	..	..	..
	Signs of Overstrain .. .. ..	..	..	..	I
	Chorea .. .. ..	..	..	..	..
Rheumatism	.. .. .. ..	2	8	..	..
Digestion	.. .. .. ..	..	I	..	..
Deformities	Spinal Curvature	16	31	..	..
	Flat Foot	58	79	5	..
	Other deformity	13	7	..	..
Other defects	.. .. .. ..	19	16	3	..
Remedial exercises advised	.. ..	80		0	
Number of individual children found at Routine Inspection to require treatment	.. .. .. .. ..	313			

Treatment.—Defects and the nature of the remedy required are explained by the Assistant School Medical Officer to the Head of the School at the time of Inspection.

The following is a summary of the information obtained by the Medical Inspectors by re-examination of the children referred for treatment at previous inspections:—

	Defective Eyesight.	Tonsils & Adenoids.	Hearing and Ear Disease.	Other Conditions.	Skin Disease.	Teeth.	Exercises for Flat Foot and Postural Defects.
Defects treated during the year	88	28	12	30	8	67	61

APPENDIX.

REPORT OF MRS. DAVEY, THE ORGANISER OF PHYSICAL TRAINING, 1927.

During the year classes were held at the following centres :—

Time.	Place.	Type of Class.	No. of Students.	Percentage of Attendance.
Jan.—Mar.	.. Shifnal ..	For Teachers—		
		.. Of Infants Depts.	.. 18	86.3
" " " Feb.—May	.. Newport	.. Of Older Scholars	.. 15	82.3
		.. Of Infants Depts.	.. 20	73.3
" " " Oct.—Dec.	.. Bridgnorth	.. Of Older Scholars	.. 30	74.5
		.. Of Infants Depts.	.. 36	77.4
" "	.. Ludlow	.. Of Older Scholars	.. 29	70.6
" "	.. "	.. Of Infants Depts.	.. 26	79.4
" "	.. "	.. Of Older Scholars	.. 24	83.2

During the year 327 visits were made to schools.

The bad weather throughout the year was a handicap to progress, as most schools are dependent on the playground for the Physical Training Lessons.

However, there is less neglect of the lesson in bad weather than formerly—most teachers find that in really wet weather some useful work can be taken indoors—such as attention to posture, etc., but lack of indoor space necessitates the omission of general activity work and games.

"Lecture Demonstrations."—An effort was made to keep in touch with the Centres, where it is impossible to hold classes as often as is desirable, by inviting the teachers to attend the Centre for one evening—when the organiser gave a short lecture and demonstrations. It was hoped that these evenings would refresh the teachers in their attention to some of the more fundamentally important points in their Physical Training Lessons. Children from the schools nearest the Centre were used for demonstration purposes—the good attendance of teachers from the neighbourhood was very encouraging.

The Centres chosen for this year were :—

Bridgnorth ..	.. May 10th ..	At Girls' Grammar School.
Bishop's Castle ..	.. May 31st ..	At Girls' Council School.
Cleobury Mortimer ..	June 21st ..	At the College.

Netball.—The standard of play is steadily improving, and the schools which are included in the small district leagues show great keenness.

The winners of the leagues were :—

Ironbridge Area ..	Jackfield School.
Oswestry Area ..	C. of E. Girls' School, Oswestry.
Wrekin Elementary Schools Netball League	Constitution Hill Girls' School, Wellington.

Meetings were held at Newport on May 16th, and at Wem on October 17th, with the Secretary for Education in the Chair, when it was decided to form leagues in these areas.

Swimming.—The weather throughout the summer was not encouraging to those schools which intended taking outdoor swimming (in canals, rivers, etc.) as part of their Physical Training Scheme. It is hoped that next season may be warm enough to act as an inducement to the would-be swimmers !

Progress can be reported in Whitchurch—a grant has been made by the Local Education Authority, which will enable all the Elementary Schools in Whitchurch to attend the Baths regularly.

Playing Fields.—There is a gradual increase in the number of schools which have procured a suitable playing space, but there are still over a hundred senior departments, which have not yet been successful in obtaining a field.

It is to be earnestly hoped that the recently formed Branch of the National Playing Fields Association will be able to offer some practical help in the matter.

KATHERINE W. DAVEY.

